

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE
Equipment Loss/Damage Report

To: _____ Date: _____
(Detachment Commander)

From: _____ Rank: _____ I.D.# _____

Subject: (Check and complete where appropriate)

Damage to Vehicle - M/V Accident

Marked Unit

Damage to Vehicle - Not M/V Accident

Unmarked Unit

(MSP Car #)

(Vin #)

(Year/Make)

Seat Belt: (Check one) In use N/A Unknown

Equipment Lost/Stolen: _____

Value of Capital Equipment Lost/Stolen: _____

Equipment Damaged: _____

(MCP Asset Tag #)

(Serial #)

Statement of Facts:

(If additional space is needed, use second sheet.)

(Employee's Signature)

Supervisory Review:

| | | | |
|---------------------|--------|----------|--------|
| (Supervisor's Name) | (Rank) | (I.D. #) | (Date) |
|---------------------|--------|----------|--------|

Negligence Involved (Check one): Yes No

Remarks:

(If additional space is needed, use the back of this form)

cc: _____ (If applicable)

(Supervisor's Signature)

Administrative Review:

(Detachment Commander)

(Date)

(Deputy Chief)

(Date)

Inventory Control Section:

(Agency Capital Equipment Inventory Control Officer)

(Date)

Motor Vehicle Section: (For lost/stolen/damaged gas cards send to MVS only)

Motor Vehicle Section Representative

(Date)